

ADULT GLOSSARY OF TERMS

Client name - First name and middle initial of adult being served and current legal last name.

Social Security Number (SSN) - This is the most recent Social Security Number of the adult being served.

Agency code – The agency code refers to the Agency Code table (page 11). Record your agency's 3-digit code.

Report date – Is the month/year the assessment is due to be completed. This has been changed in the 12/02 version to be Reporting Month/Year.

Reporting Month/Year is the Month and Year that the CPS Adult Status Report was due to be completed.

Client State ID - The State ID is a unique number generated when the client first receives services from the Department of Mental Health. This number comes from CTRAC.

Note: The State ID is different from the Internal Agency Chart Number.

Birth date - Enter the month, day and year the client being served was born.

Modified Global Assessment Functioning (GAF) – Is an instrument for measuring symptoms/functioning. The Modified GAF is a better and improved patient assessment tool, one that can more accurately reflect a patient's true need for hospitalization.

Agency Site – The Agency site is an optional 3 digit numeric field for provider use only. It allows the provider to track the site of the service. It is up to the provider to come up with codes for their sites, if they wish to use this field. *Note: It is NOT the internal agency chart number or agency code.*

Program Type – This would designate which program the client is enrolled in

Community Psychiatric Rehabilitation (CPR) – A CPR program provides a range of essential mental health services to persons with mental illness and serious emotional disturbance. These community-based services are designed to maximize independent functioning and promote the recovery and self-determination process. In addition, they are designed to increase interagency coordination and collaboration in all aspects of the treatment planning process. Ultimately they help to reduce inpatient hospitalizations and out-of-home placements.

Intensive CPR – **(Not available at this time)** services typically include a need of intensive clinical intervention or support to alleviate or eliminate

the need for admission into a psychiatric inpatient or a restrictive living setting. Criteria for Intensive services are: 1) are being discharged from a DMH facility or inpatient psychiatric bed; or 2) have had extended or repeated psychiatric inpatient hospitalizations or crisis episodes within the past six (6) months; or 3) multiple out-of-home placements due to their mental disorder; and/or 4) are at imminent risk of being removed from their home, school or current living situations.

Rehabilitation CPR – services typically consists of medication services and significant community support activities. Criteria for Rehabilitation services are: 1) a hospitalization in the last twelve months; or 2) significant crisis situations in the last six months; or 3) a significant social role needs that prevents the client from either remaining in the community, or to function in the community; and 4) the client is acceptance/agreement to this level of service.

Maintenance CPR – **(Not a qualifying service)** services typically consists of medication services and minimal community support activities. Criteria for Maintenance CPR services are: 1) No hospitalization in the last twelve months; and 2) only brief and infrequent crisis episodes (which doesn't require respite **or** hospitalization and no more than 2 in the last 12 months); and 3) client satisfaction with personal life domains (no life changing goals or if there are goals the client is capable of following through on their own); and 4) client acceptance/agreement of this level of service

Targeted case management (TCM) – services are based on a “brokerage” model. Criteria for TCM services are individuals with a DSM-IV diagnosis (excluding V codes, primary diagnoses of mental retardation, developmental disabilities, or narcolepsy, or primary diagnoses of substance abuse and doesn't meet the DSM-IV diagnostic criteria for CPRP) and meets one of the following criteria: 1) has been discharged from an inpatient hospital for psychiatric treatment within the previous thirty calendar days; or 2) has had at least two periods of inpatient hospitalization for psychiatric treatment within the previous twelve months; or 3) meets the criteria for inpatient psychiatric hospitalization and will be diverted from inpatient hospitalization through use of intensive community – based treatment and service delivery alternatives; or 4) has been conditionally released from a psychiatric facility; or 5) is a client of the Division's Supportive Community Living Program

Purchase of Service Case Management (POS/CM) - The arrangement and coordination of an individuals treatment and rehabilitation needs, as well as other medical, social, and educational services and supports; coordination of services and support activities; monitoring of services and support activities to assess the implementation of the client's individualized plan and progress towards outcomes specified in the plan; escorting clients to services when necessary to achieve desired outcomes or to access services; and direct assistance to the child, family,

adult including coaching and modeling of specific behaviors and responses (the direct assistance may not involve individual or family counseling or psychotherapy).

Assessment Type – This would designate which type of report is being completed

Admissions report – Is defined as the client's admission to the program.

New Admission – For clients that are new to your agency and newly admitted into the program.

Readmission – For clients who have previously had services. The client was discharged from a program at an earlier date and is now being admitted into your program.

Annual report – Each 12 month period after admission.

Discharge report – Is defined as termination from the program in which the client is enrolled. Record the one status that best describes the reason the client was discharged.

Client improved (No longer needs level of service) - The client has improved and no longer needs services where outcomes are collected or no longer needs services.

Client discharged to another provider – The client was discharged to another agency/provider.

Client discontinued services (dropped out) - The guardian or client discontinued services. This includes non-compliance.

Client moved to more restrictive setting

Long term hospitalized – Client that has been placed on a long term psychiatric inpatient unit

Nursing home – Client is residing in an ICF or SNF bed

Jail or prison – Client is incarcerated in a jail or prison

Client Deceased: Client has passed away.

Other Specify: Specify the discharge reason if not one of the options listed above.

Level of care change – **(Do not use for the sample at this time)** This applies to CPR clients only. This would be a change in the level of care for CPR clients.

From Intensive – This is a change from Intensive CPR. The client was in Intensive CPR and is now in Rehabilitation.

From Rehab– This is a change from Rehabilitation CPR. The client was in Rehabilitation CPR and is now in Intensive or Maintenance.

From Maintenance– This is a change from Maintenance CPR. The client was in Maintenance CPR and is now in Intensive or Rehabilitation.

Type of Housing – Record the one status that best describes the current housing situation of the client. Choose the status where the client meets the most of the criteria listed below. This is not an all inclusive list.

Independent living

- Client chooses with whom he or she lives
- Client or guardian owns the home or signs the lease
- Housing is not contingent on participation in treatment
 - Single Room Occupancy (SRO) may be an option in this category

Supervised individual living

- Client does not choose whom they live with
- Housing is agency owned or operated
- Housing is contingent on participation in treatment
- Housing has live-in or 24 hour staff on an ongoing basis
 - ISL may be an option in this category

Semi-independent apartment

- Client has his or her own apartment
- Housing is agency owned
- Housing is contingent on participation in treatment
- Staff is available on site in designated apartment

Living with friends/relative

- Client lives with family or friends
- Client does not control, own the home, sign a lease or pay rent
- Client is dependent on other persons for care

RCF/group home

- The client resides in a residential care facility or group home

Homeless

- Shelter, mission or living on the streets

Housing – Hospital

- Client is admitted for inpatient psychiatric, or inpatient/residential substance abuse treatment

Housing - Nursing home

- Client is admitted into a nursing home

Housing - Jail or prison

- Client is in jail or prison

Housing - Other: Specify

- Oxford House
- Non-title nursing home

Type of Vocational Activity – Record the one status that best describes the current vocational activity of the client. If more than one value can be chosen, choose the highest functioning.

Independent competitive employment: Full time

The individual found the job on his or her own with no help from the agency.

Applies if there was minor help obtaining the job (e.g., constructing a resume) no support has been received since and no additional supports will be provided.

33 - 40 hours per week

Independent competitive employment: Part time

The individual found the job on his or her own with no help from the agency.

Applies if there was minor help obtaining the job (e.g., constructing a resume) no support has been received since and no additional supports will be provided.

Less than 33 hours per week

Assisted competitive model

This is a permanent position model. The support in job attainment is provided off site. This support includes support groups, resume writing, practicing interviewing techniques, etc. After the individual has gained employment, he or she can still receive any support necessary to gain employment, he or she can still receive any support necessary to remain on the job. The employer may or may not know the person is in a rehabilitation program; the decision to disclose is left to the client. Agency staff is not involved in the hiring, firing or training of the person.

Sporadic or casual employment

The client engaged in work activity for which he/she received some payment (e.g., yard work), but this is an irregular, informal work situation. There is no formal application or hiring process.

Supported employment

Supportive services that include: assisting individuals in finding work; assessing individuals' skills, attitudes, behaviors, and interest relevant to work; providing vocational rehabilitation and/or other training; and

providing work opportunities. It also includes transitional and supported employment services.

Sheltered workshop

Sheltered workshops are groups of clients who work together in an isolated setting where there is limited chance for interactions with non-handicapped individuals. Many times the wages are below minimum wage.

Non-paid work experience

The client is actively and regularly engaged in work activity for which he/she receives no monetary compensation. This can be voluntary type of work.

No employment of any kind

The client is not engaged in any work-type activities

Retired

Clients who are of legal age, stopped working and have withdrawn from one's occupation

Physical Health – These items relate to the clients activity for the past 12 months.

Routine physical health services – Within the past 12 months client attended appointment(s) for routine physical health as preventive measures or on physical health diagnosis.

Dental – Within the past 12 months client attended appointment(s) for routine dental care as preventive measures or as necessary.

Vision – Within the past 12 months client attended appointment(s) for routine vision care as preventive measures or as necessary.

Emergency room for physical health – Client was triaged by a doctor or a nurse in the emergency room for physical health reasons/concerns within the past 12 months.

Need – Yes: There is a need for this particular type of health care.

No: There is not a need for this particular type of health care.

Access – Do not complete this section. Leave Blank. This section has been deleted from the 12/02 version.

Received – Yes: This particular type of health care was received.

No: This particular type of health care was not received.

Communication Services – Check all that apply. The communication items relate to the clients activity over the past 12 months.

American Sign Language – A visual-gestural language which incorporates facial grammatical markers, physical affect markers, spatial linguistic information, and finger-spelling as well as signs made with the hands. ASL is a distinct language with its own grammar and syntax.

Other Language – Any language other than English.

Other Communication Assistance – Any other communication assistance except for American Sign Language or other language assistance. This would include Braille.

Commitment Status – Record the one status that best describes the client’s current commitment status.

Voluntary - This category includes any client not in an involuntary commitment situation; i.e. one of the following: Civil Involuntary – Inpatient; Civil Involuntary: Outpatient; and Criminal Involuntary. This includes clients who are “Voluntary by Guardian”.

Civil Involuntary: Inpatient - The client is committed involuntarily to a mental health facility on an inpatient basis as the result of a civil court decision.

Civil Involuntary: Outpatient - The client is required to obtain outpatient treatment as the result of a civil court decision.

Criminal Involuntary - The client is committed involuntarily to a state facility as the result of a criminal court decision. These clients will only be included in the outcome assessment if they are “on conditional release” from the inpatient setting.

Legal Involvement – Record client involvement with criminal justice system and whether client was a victim of crime within the past 12 months. Involuntary Civil or Forensic Commitment Status is not to be recorded in this item. Please do not write in the crime in which the client was involved.

No law enforcement contact - No contact by police, sheriff, highway patrol, parole officer or juvenile officer within the past 12 months

Law enforcement contact, but charges not filed - Contacted within the past 12 months by police, sheriff, highway patrol, parole officer or juvenile officer concerning an issue, but no charges were filed.

Charged with a crime - Contacted by police, sheriff, highway patrol, parole officer or juvenile officer concerning an issue and charges were filed within the past 12 months.

Convicted or pled guilty:

Probation – Client was convicted or pled guilty of a crime and was placed on probation within the past 12 months.

Jail/prison sentence – Client was convicted or pled guilty of a crime and was sentenced to a jail or prison within the past 12 months.

Parole – Within the past 12 months client was convicted or pled guilty of a crime, served time in jail or prison, has been released and is on parole.

Person has been the victim of crime within the past 12 months – Client has been a victim of a crime within the past 12 months.

Highest Educational Level – Record the client's highest educational level completed. This is first through sixteen, Masters or Doctorate. If a client has completed there GED that would be equivalent to 12; for instance, if a client dropped out of school in 8th grade but received their GED then 12 would be checked.

Mental Health Interventions – Check all that apply. Indicate if the client had any mental health interventions.

No hospitalizations – No hospitalizations for mental health issues. This does include both Psychiatric as well as Substance Abuse Hospitalizations. This does NOT include physical health hospitalizations.

Changed to No Mental Health Hospitalizations in version 12/02.

Psychiatric hospitalizations - Client was admitted to an inpatient psychiatric hospital

Substance abuse (Residential treatment and/or hospitalizations) – Client was admitted to a Residential treatment facility or inpatient hospital for substance abuse treatment.

Client seen in hospital emergency room for mental health issues - Client was triaged by a doctor or a nurse in the emergency room for mental health reasons/concerns within the past 12 months.

Client contacted crisis hotline – Client called the crisis hotline for mental health issues. It can also include if the crisis hotline has been contacted on behalf of the client. In addition, it includes ACI and any in house crisis hotline.

Client seen by mobile crisis team – Client was evaluated by the mobile crisis team in the community or at an area hospital emergency room. Also, includes ACI and any in house crisis team.

Other: Specify – Under Mental Health Interventions – Any mental health intervention not mentioned above. An example would be crisis beds. Do NOT include physical health hospitalizations.

Educational Activity – Record the one status that best describes the current educational activity of the client.

Not currently engaged in educational activities – Client is not engaged in any educational type activities

Working on Diploma/GED/Adult Basic Education – Client is enrolled in classes for a Diploma or General Education Degree or Adult Basic Education

Vocational school or training – Client is enrolled in certificate or diploma program

College-part time (11 credit hours or less) – Client is enrolled in college classes for 11 credit hours or less per semester.

College-full time (12 credit hours or more) - Client is enrolled in college classes for 12 credit hours or more per semester.

Adult continuing education (non-credits) – Client attending any classes for learning and/or enhancing skills.

Recent Substance Use – Any type of substance usage within the past 12 months that significantly impact daily functioning

No drug or alcohol abuse- Client has not abused illegal/over the counter drugs or alcohol within the past 12 months.

Drug use – Client has abused prescribed or over the counter drugs within the past 12 months.

Alcohol use – Client has used alcohol that interferes with daily functioning within the past 12 months.

Drug use (illegal substance) – Client usage of an illegal substance that interferes with daily functioning within the past 12 months.

Guardianship – Record the one status that best describes the current guardianship status of the client. If a client has a limited guardianship, choose number “3. Guardianship”.

No guardian or conservator – Client has not been appointed a guardian or conservator by the court

Conservator/payee – A person or corporation appointed by the court to care for and have custody of the property and oversee the financial affairs of a disabled person.

Guardianship – The legal process of determining a person's capacity to make decisions for themselves. The court appoints a guardian to a person that has been determined incapacitated.

Staff/Clinician name – The name of the staff person who is responsible for completion of the CPS Adult Status Report.

Adult Providers

Facility Name	Agency Code	Agency Site
ADAPT of Missouri	251	
Arthur Center (Note: After Jan. 1, 2003 – 307)	051/307	
Bootheel Mental Health Center	086	
Burrell Mental Health Center	043	
Clark Community Mental Health Center	048	
Community Counseling Center	059	
Community Health Plus (BJC) - Park Hills	258	
Community Health Plus (BJC) - St. Louis & Great Rivers	257	
Comprehensive Health Systems, Inc.	244	
Comprehensive Mental Health Services	058	
Comtrea Community Treatment Inc.	082	
Crider Center	075	
Family Counseling Center, Inc.	056	
Family Guidance Center	045	
Hopewell Center	179	
Independence Center	240	
Mark Twain Mental Health Center	041	
Mineral Area Community Psych Rehab Ctr.	259	
New Horizons CSS, Inc Jefferson City	199	204
New Horizons CSS, Inc Columbia	199	199
North Central Mental Health Center	076	
Ozark Center	052	
Ozarks Medical Center	260	
Pathways CBH	049	049
Pathways CBH - Jefferson City	049	081
Pathways CBH - Nevada	049	003
Pathways CBH - Warrensburg	049	047
Pathways CBH-Rolla	049	072
Places for People, Inc.	241	
Preferred Family Healthcare	153	
Research Mental Health Services	057	
Southeast Missouri Community Treatment Ctr.	158	
Swope Parkway Community Mental Health Ctr.	087	
Tri-County Mental Health Services, Inc.	185	
Truman Medical Center Behavioral Health	255	
University Behavioral Health Services	256	